

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
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43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6				
54		6				
55		6				
56		6				
57		6				
58		6				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.		61				
TOTAL CLAIMS		62				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS